

Minutes Drug Utilization Review Board Meeting

DATE: 3/13/13



Meeting Purpose: Quarterly Open Board Meeting
Meeting opened at 6:00 p.m. by Chair, Leslie Fish

Agenda Items:

- I. Welcome and Introductory Remarks
- II. Eliquis (apixaban): New Drug Review
- III. Summary of Economic Evidence of the Novel Anticoagulants
- IV. Tobacco Cessation Update
- V. MassHealth Drug List Update
- VI. DUR Operational Update
- VII. MassHealth Update Dr. Paul Jeffrey

Agenda Item	Discussion	Conclusions/Follow Up
Review of Minutes	The December 2012 Minutes were reviewed and accepted as written.	Follow Up: N/A
Action	December Minutes approved as noted.	Conclusion: N/A

Agenda Item	Discussion	Conclusions/Follow Up
Eliquis (apixaban) New Drug Review	The new drug Eliquis (apixaban) was discussed, including place in therapy as well as prior authorization (PA) requirements and utilization of the anticoagulant class.	Follow Up: Informational
Action	<p>Medications that require PA (prior authorization) include the following:</p> <ul style="list-style-type: none"> • Pradaxa (dabigatran etexilate) and • Xarelto (rivaroxaban). <p>Discussed the following regarding the new drug review:</p> <ul style="list-style-type: none"> • Several new oral anticoagulants available for use. • Advancement in the treatment of patients with atrial fibrillation (AF) that warrant the use of anticoagulation. • Slower uptake of the newer oral anticoagulants based on MassHealth utilization data and PINNACLE-AF registry. • Lack of unanimous recommendations from consensus guidelines preferring one of the newer agent over the others. 	Conclusion: N/A

	<ul style="list-style-type: none"> Vigilance on the utilization as well as literature surrounding the newer oral anticoagulant agents. 	
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Agenda Item	Discussion	Conclusions/Follow Up
Summary of Economic Evidence of the Novel Anticoagulants	The economic evidence of the novel anticoagulants Eliquis (apixaban), Pradaxa (dabigatran etexilate), and Xarelto (rivaroxaban), was discussed.	Follow Up: Informational
Action	<p>Discussed the following regarding the economic evidence:</p> <ul style="list-style-type: none"> AF results in significant health care costs. Apixaban may have the greatest potential for cost-savings. Apixaban was found to be cost-effective for the treatment of AF in all included economic evaluations, demonstrating dominance in two. Dabigatran and rivaroxaban were also found to be cost-effective for the treatment of AF. The novel oral anticoagulants may be cost-effective alternatives to warfarin. The relative cost-effectiveness of these agents should be re-evaluated upon any significant changes in drug price. While apixaban utilization is expected to increase pharmacy costs to MassHealth, it is also expected to decrease medical costs. 	Conclusion: N/A

Agenda Item	Discussion	Conclusions/Follow Up
Tobacco Cessation Update	The Tobacco Cessation overview was discussed, including place in therapy, current PA requirements and utilization trends with a focus on the nicotine replacement therapy agents.	Follow Up: Informational
Action	<p>Discussed the following regarding the nicotine replacement therapy agents class:</p> <ul style="list-style-type: none"> Use of tobacco products continues to be a public health concern. The Public Health Services Clinical Practice Guideline for treating tobacco use and dependence recommends that both medication and counseling be offered to patients. Making counseling and low-cost pharmacologic treatment easily accessible is a major objective of the World Health's Organization MPOWER policy package for reversing the tobacco epidemic. Massachusetts has documented that there have been positive 	Conclusion: Proceed with proposed changes as stated.

	<p>outcomes that may be directly linked to the manner in which MassHealth manages tobacco cessation products.</p> <ul style="list-style-type: none"> • Evidence indicates that for some patients, it may be appropriate to continue medication treatment for periods longer than is usually recommended. • Combination therapies have been studied and proven effective. Long-term nicotine patch therapy and ad libitum NRT (gum or spray) was the most effective in a 2008 meta-analysis. <p>The proposed changes include eliminating the 180 day per year limit, and allowing members open access to the over-the-counter nicotine replacement therapies.</p>	
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Agenda Item	Discussion	Conclusions/Follow Up
MassHealth Drug List Update	Overview of the drug list additions effective March 11, 2013, and the drug list changes effective March 25, 2013.	Follow Up: N/A
Action	<p>There are four new additions effective March 11, 2013. Changes in Prior Authorization status effective March 26, 2012, were also reviewed.</p> <p>Other updates included:</p> <ul style="list-style-type: none"> • Three new PA forms and two new therapeutic tables. 	Conclusion: Changes in the MassHealth Drug List will continue to be provided as needed.

Agenda Item	Discussion	Conclusions/Follow Up
DUR Operational Update	Quarterly Operations Update	Follow Up: Informational
Action	<p>DUR Operations monthly workload includes the following:</p> <ul style="list-style-type: none"> • Average of 6,000 PA requests • Average of over 7,000 calls <ul style="list-style-type: none"> ○ Average abandonment rate a little over 1.0 % ○ Average treatment time of under 4 minutes • Average of 10 appeals • Average of 400 Provider outreach calls 	Conclusion: Quarterly operational updates will continue to be provided as needed.

	<ul style="list-style-type: none"> Top 10 medications for which PA was requested: Suboxone, atorvastatin, Lidoderm, Cymbalta, Strattera, Advair, Lyrica, escitalopram, OxyContin, and lansoprazole. 	
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Agenda Item	Discussion	Conclusions/Follow Up
MassHealth Update	Quarterly MassHealth Update	<u>Follow Up</u> Informational
Action	Provided MassHealth Overview which includes the following: <ul style="list-style-type: none"> Budget season and tracking below budget Five of top 50 drugs lost patent (including Seroquel and Suboxone, number 1 and 2 drugs) 	Conclusion: Quarterly updates will continue to be provided as needed.

Respectfully submitted by: Vincent Palumbo, Director of DUR